

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 837079

**Entity Name:** TRANSAMERICA LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

ATTN: CORPORATE SECRETARIAL  
6400 C ST  
CEDAR RAPIDS, IA 52499

**FILED**  
**Apr 27, 2023**  
**Secretary of State**  
**4718280787CC**

**Current Mailing Address:**

ATTN: LEGAL DEPT.  
6400 C ST  
CEDAR RAPIDS, IA 52499 US

**FEI Number: 39-0989781**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name MILLER-BREETZ, GREGORY E  
Address 1201 WILLS ST., SUITE 800  
City-State-Zip: BALTIMORE MD 21231

Title PRESIDENT, DIRECTOR  
Name OHL, JAMIE  
Address 1801 CALIFORNIA ST  
City-State-Zip: DENVER CO 80202

Title TREASURER  
Name KEPPLER, MATTHEW  
Address 6400 C STREET SW  
City-State-Zip: CEDAR RAPIDS IA 52499

Title DIRECTOR  
Name FLEMING, CHRISTOPHER  
Address 6400 C STREET SW  
City-State-Zip: CEDAR RAPIDS IA 52499

Title DIRECTOR  
Name GERST, BONNIE  
Address 6400 C STREET SW  
City-State-Zip: CEDAR RAPIDS IA 52499

Title DIRECTOR  
Name GIOVANNI, CHRISTOPHER  
Address 6400 C STREET SW  
City-State-Zip: CEDAR RAPIDS IA 52499

Title DIRECTOR  
Name HARRIS, ZACHARY  
Address 6400 C STREET SW  
City-State-Zip: CEDAR RAPIDS IA 52499

Title DIRECTOR  
Name WILLIAMS, ANDREW  
Address 1201 WILLS ST  
STE 800  
City-State-Zip: BALTIMORE MD 21231

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: GREGORY E MILLER-BREETZ**

**SECRETARY**

**04/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date